

During the last two-year registration period (July 1, 2012, to June 30, 2014) have you, in any jurisdiction, for any reason:

	<u>YES</u>	<u>NO</u>
1. been called before or appeared before any board or panel for discussions or questions concerning violations of the law or rules pertaining to the practice of medicine, or for unethical conduct?.....	_____	_____
2. †been charged with or convicted of or pled nolo contendere to any felony or misdemeanor?.....	_____	_____
3. †been charged with or convicted of a violation of the Controlled Substance Act or any other federal, state or local law pertaining to the manufacture, distribution, prescribing, or dispensing of controlled substances?.....	_____	_____
4. had limitations, restrictions or conditions placed upon your license to practice by a medical board, or had your license to practice suspended, revoked or subjected to any kind of disciplinary action, including censure, reprimand or probation by a medical board, and/or are any disciplinary actions pending against you?.....	_____	_____
5. voluntarily surrendered to a medical board or limited your medical license with a medical board?.....	_____	_____
6. ††had any hospital privileges, and/or postgraduate training, limited, restricted, suspended, revoked, or subjected to any kind of disciplinary action, including censure, reprimand or probation?.....	_____	_____
7. voluntarily resigned from any medical staff or voluntarily limited such staff privileges while under investigation by any health care institution or committee thereof or prior to any final decision by a hospital or health care facility's governing board?.....	_____	_____
8. been denied the right to take an examination for licensure in any state or been ejected from any medical examination?.....	_____	_____
9. been denied a license to practice medicine?.....	_____	_____
10. had your DEA registration restricted or removed?.....	_____	_____
11. been convicted of Medicare or Medicaid fraud, and/or received any sanctions, including restriction, suspension or removal from practice imposed by an agency of the federal or state government?.....	_____	_____
12. *had any judgements or settlements arising from medical professional liability rendered or made against you, and if so, how many?.....	_____	_____
13. **been addicted to, or received treatment for the use or misuse of, prescription drugs and/or illegal chemical substances, or been dependent upon alcohol or received treatment for alcohol dependency? (You may answer "no" if you are a participant in a written voluntary agreement with the West Virginia Medical Professionals Health Program, Inc., the West Virginia Board of Medicine designated physician health program.).....	_____	_____
14. had any interruption in your practice of medicine which might reasonably be expected by an objective person to currently impair your ability to carry out the duties and responsibilities of the medical profession in a manner consistent with standards of conduct for the medical profession?.....	_____	_____
15. had anything occur which might reasonably be expected by an objective person to currently impair your ability to carry out the duties and responsibilities of the medical profession in a manner consistent with the standards of conduct for the medical profession?.....	_____	_____

If you answered "YES" to any of the above questions, you MUST furnish full details on an 8 1/2 x 11 sheet of paper which MUST be attached to this application.

†If you answered "YES" to Question 2 and/or 3, you MUST cause to be submitted directly to this office from the court all court documents pertaining to your answer.

††If you answered "YES" to Question 6, you MUST cause to be submitted directly to this office from the facility all information pertaining to your answer.

*If you answered "YES" to Question 12, you MUST furnish full details on an 8 1/2 x 11 sheet of paper which MUST be attached to this application. For each judgement or settlement you MUST furnish the names of the claimant and your insurer, the amount and date of the judgement or settlement, and specify whether it is a judgement or settlement. It is your responsibility to contact your insurance carrier if you are uncertain as to whether any claim has been settled.

**If you answered "YES" to Question 13 and have gone through a rehabilitation program, you MUST have that program furnish this Board a report of your treatment and progress.

I have carefully read the questions in this application and have answered them completely, without reservations of any kind that my answers and all statements made herein are true and correct. I understand that any license issued from this application is based on the truth of the statements contained herein, and that should I furnish any false information in this application, such act constitutes good cause for the revocation of my license to practice medicine in the State of West Virginia.

PHYSICIAN'S ORIGINAL SIGNATURE: _____ DATE: _____

ATTENTION PLEASE TURN TO THE BACK OF THIS PAGE (Page No. 6)